

**V-BID Consortium Template Design Work Group**  
**Session 1: April 8, 2016**  
**Discussion Guide**

**Work Group Goals:**

1. Make recommendations for guiding principles for V-BID template(s) that may be adopted by private employers
2. Make recommendations for V-BID options/provisions to be included in the V-BID template(s):
  - a. services to be incentivized
  - b. conditions to be targeted
  - c. approaches to incentivizing use of high value providers
  - d. services to be discouraged
3. Make recommendations for template variations for different employer types, for example, small v. large employers, high turnover v. low turnover, HRA-HDHP/HSA-HDHP.
  - a. Small employers, who may lack dedicated human resources staff and benefits sophistication, may prefer simpler designs that require little or no employee orientation.
  - b. High turnover employers may have greater interest in short-term health and savings opportunities as opposed to longer-term health promotion.
  - c. Employers with HDHP may have legal and operational constraints that direct their attention to certain options rather than others.

**V-BID Plan Design Guiding Principles:**

1. V-BID options are clinically nuanced i.e. medical services differ in the benefit provided and that the clinical benefit derived from a specific service depends on the patient using it, as well as when, where, and by whom the service is provided.
2. V-BID options should be flexible, allowing for adoption of select provisions, or all provisions, in order to meet diverse employers' needs and readiness for adoption.
3. Allows for gradual implementation of options to gain employee buy-in on key aspects, and then builds upon these as employee acceptance grows.
4. V-BID is promoted as part of a comprehensive approach to benefit design that also includes provider side reforms (e.g. pay for performance, global budget, etc.).
5. V-BID options allow for mental health parity.
6. V-BID plan is implemented as part of a consumer-centric approach.
7. V-BID plan designs are transparent in how high value providers are defined and identified. High value in this case is defined by both cost and quality measures.
  - a. The Consortium recognizes the importance of cost, for example, the price of services for specific providers, in defining high value, without overestimating the role of cost in defining value.

The Consortium recognizes the importance of quality metrics in defining high value. The quality measures used should be transparent.

**V-BID Template: Review and Discussion Questions:**

1. VBID Option 1: Change incentives for specific services for all members targeted by age and gender
  - a. Do you agree this should be offered as a recommended V-BID option?
  - b. The grid does not include preventive services already covered under the ACA. Do you recommend specifying any of these services explicitly in the grid?

- c. What additional services that are targeted in the SIM Quality Council Provisional measure set would you recommend be added to the grid?
  - d. Would you recommend targeting low value services? Would these services be targeted by increasing cost sharing for the member, or by provider side penalties?
  - e. Which low value services should be targeted?
  - f. Of the proposed incentive structures, which would you recommend? Are there any you would not recommend?
- 2. V-BID Option 2: Change incentives for specific services by clinical condition
  - a. Do you agree this should be offered as a recommended V-BID option?
  - b. What conditions that are targeted in the SIM Quality Council Provisional measure set would you recommend be added to the grid?
  - c. Are there any conditions you do not think should be included in a V-BID plan?
  - d. How would you define participation in a disease management program?
    - i. Note: Disease management programs go beyond generic wellness programs, targeting patients with specific medical conditions to improve outcomes for that condition (i.e. are clinically nuanced).
- 3. V-BID Option 3: Change incentives for visits to high value providers
  - a. Do you agree this should be offered as a recommended V-BID option if there are guidelines for how high value is defined?
  - b. Proposal: V-BID Plan definitions of high value providers align with SIM Quality Council Provisional measure set
  - c. Are there definitions of “high value” for providers that are not acceptable?
  - d. Are there any examples in the grid that you would not recommend as part of a V-BID plan?
  - e. Would you add other provider or network structures to this list?
- 4. V-BID option 4: Change incentives for visits for specific services only if member visits a high value provider
  - a. Do you agree this should be offered as a recommended V-BID option?
  - b. Would you recommend any other examples for this option?
- 5. V-BID Structure:
  - a. Incentives may be participatory or outcomes-based, or some combination of both for all members and/or members with certain conditions.
    - i. Would you recommend against an outcomes-based plan?
    - ii. Would you recommend voluntary or compulsory enrollment in a program?
    - iii. If voluntary, would you recommend that members must comply with recommended services and programs to maintain enrollment in plan?